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### **FEC** FORM 3X

Only

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Council of Life Insurers Political Action Committee 101 Constitution Ave., NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20001 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00147066 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2006 0 4 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Donald L. Walker Type or Print Name of Treasurer Electronically Filed by Mr. Donald L. Walker 05 18 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS

Page 2

Repo	rt Covering the Period: From:	01 2006	To: 0 4 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a)	Cash on Hand January 1 Y2006		57647.24
(b)	Cash on Hand at  Begining of Reporting Period	31431.57	
(c)	Total Receipts (from Line 19)	60542.37	115630.39
(d)	Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	91973.94	173277.63
To	tal Disbursements (from Line 31)	10000.00	91303.69
	sh on Hand at Close of		
	porting Period ubtract Line 7 from Line 6(d))	81973.94	81973.94
De	bts and Obligations owed TO		
	e committee (Itemize all on hedule C and/or Schedule D)	0.00	
). De	bts and Obligations owed BY		
	e committee (Itemize all on hedule C and/or Schedule D)	0.00	
X	This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	

-ederal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From:

0 4 D D D 1

2006

o: 0 4

<sup>D</sup> 3<sup>D</sup> 0

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	10786.94	22847.95
	(ii) Unitemized	7255.43	17782.44
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	18042.37	40630.39
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	42500.00	75000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	60542.37	115630.39
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
0.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	60542.37	115630.39
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	60542.37	115630.39

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:      A Shared Federal/Non-Federal		
Activity (from Schedule H4)  (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
. Transfers to Affiliated/Other Party	0.00	0.00
Committees  Contributions to Federal Candidates/Committees		
and Other Political Committees  Independent Expenditure	10000.00	90308.69
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
. Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	995.00
Federal Election Activity (2 U.S.C 431(20))     (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10000.00	91303.69
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)	10000 00	91303.69
from Line 31)	10000.00	91303.

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	60542.37	115630.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60542.37	115630.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDIII E A /EEC Form 2V)				FOR LINE NUMBER: PAGE 6 / 20
5(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politic	cal Action C	Committee	
A.	Full Name (Last, First, Middle Initial) Mr. Robert W. Clark			Date of Receipt
	Mailing Address P. O. Box 12847			04 11 2006
	City	State	Zip Code	Transaction ID: 13834290
	Roanoke	VA	24029-2847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		900.00
	Name of Employer Shenandoah Life Insurance Company	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		900.00	1
	Other (specify) ▼	0 0	900.00	
_				
В.	Full Name (Last, First, Middle Initial) Mr. Bruce W. Boyea			Date of Receipt
	Mailing Address 100 Court Street			M M / D D / Y Y Y Y
				04 14 2006
	City	State	Zip Code	Transaction ID: 13846617
	Binghamton	NY	13901-3479	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Security Mutual Life Insu-	Occupation	1	
	Security Mutual Life Insurance Company	Chr of the	e Bd, President & CEO	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		1000.00	
				4
<u> </u>	Full Name (Last, First, Middle Initial) Mr Thomas M Marra			Date of Receipt
	Mailing Address 7 Cobtail Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13846639
	Simsbury	CT	06070-2530	Amount of Each Receipt this Period
	•	- 01	06070-2330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Hartford Life, Inc.	Occupation President	n & Chief Operating Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	Other (specify) ▼		1000.00	
	UPTOTAL of Possints This Page (antions!)			2900.00
hightharpoonup	UBTOTAL of Receipts This Page (optional)		·····	

TOTAL This Period (last page this line number only) .....

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 20
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Council of Life Insurers Politic			
۹.	Full Name (Last, First, Middle Initial) Mr. Thomas E. Henning, CLU Mailing Address 200 Centennial Mall Nor	th		Date of Receipt
	City	State	Zip Code	7 1 2 8 2 0 0 6 Transaction ID: 14045544
	Lincoln	NE	68508-1618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Assurity Security Group, INC	Occupation Presiden		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Eugene Choate			Date of Receipt
	Mailing Address 4370 Peachtree Road, NE			04 / 28 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14045547
	Atlanta	GA	30319-3054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		3000.00
	Name of Employer Bankers Fidelity Life Ins-	Occupation		
	urance Compan Receipt For:	Presiden	t e Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-to-Date V	
	Other (specify) ▼	0 0	3000.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Ross L. Sargent			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	N		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR112048976173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.34
	Name of Employer American Council of Life	Occupation		
	Insurers Receipt For:	Senior Co	e Year-to-Date ▼	_
	Primary General Other (specify)	Aggregate	321.82	P/R Deduction (\$41.67 Sem- i-Monthly)
S	UBTOTAL of Receipts This Page (optional)			4083.34
T	OTAL This Period (last page this line number or	ıly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 20	
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Δη	y information copied from such Reports and Sta	temente may	y not be sold or used by any person	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Council of Life Insurers Politic	Committee		
A.	Full Name (Last, First, Middle Initial) Mr. Donald L. Walker			Date of Receipt
	Mailing Address 101 Constitution Ave, N' Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR115642716173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life Insurers	Occupation CFO	1	
	Receipt For:	1	e Year-to-Date ▼	7
	Primary General		250.00	P/R Deduction (\$50.00 Sem-
	Other (specify)	0 0	250.00	i-Monthly)
В.	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77135826173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		260.00
	Name of Employer American Council of Life	Occupation		
	Insurers		Vice Pres & General Couns	<u>e</u>
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1040.00	P/R Deduction (\$130.00 Semi-Monthly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham			Date of Receipt
	Mailing Address 101 Constitution Avenue	e, NW		M M / D D / Y Y Y Y
	Suite 700 West		7' 0 1	
	City	State DC	Zip Code	Transaction ID: PR77136246173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life	Occupation		7
	Insurers	+	g Dir., Conference Developm	<u>e</u> nt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		400.00	P/R Deduction (\$50.00 Sem- i-Monthly)
	Canon (openin)	0 0		,,,,
s	UBTOTAL of Receipts This Page (optional)			460.00
T	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 9 / 20
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politic	al Action (	Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. Michael J. Bartholomew			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77136286173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life	Occupation Senior C		
	Insurers Receipt For:		e Year-to-Date ▼	-
	Primary General			P/R Deduction (\$50.00 Sem-
	Other (specify)		400.00	i-Monthly)
3.	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt
	Mailing Address 101 Constitution Avenue, NW Suite 700 West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137326173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		224.28
	Name of Employer American Council of Life Insurers	Occupation Senior Vi	n ice President, State Relation:	3
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		897.11	P/R Deduction (\$112.14 Se-
	Other (specify)	0 0	697.11	mi-Monthly)
о. С.	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	e, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77137406173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		94.58
	Name of Employer American Council of Life	Occupation	n	7
	Insurers	Senior C		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	378.33	P/R Deduction (\$51.46 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			418.86
	, , , , , , , , , , , , , , , ,			
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 20
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
7	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politi	cal Action (	Committee	
_	Full Name (Last, First, Middle Initial)			Data di Bassisti
Α.	Mr. David R. Wentworth  Mailing Address 101 Constitution Avenu	~ NIM		Date of Receipt
	Suite 700 West	e, invv		Wi v Wi / B · B / T · T · T · T
	City	State	Zip Code	Transaction ID: PR77137606173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Research	
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$30.00 Sem- i-Monthly)
 R	Full Name (Last, First, Middle Initial) Mr. John W. Mangan, CEBS			Date of Receipt
υ.	Mailing Address 101 Constitution Ave, NW Suite 700			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR77137716173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer American Council of Life	Occupation	n Vice President, State Relatio	
	Insurers Receipt For:	<u> </u>	e Year-to-Date ▼	-
	Primary General		000.00	P/R Deduction (\$100.00 Se-
	Other (specify)	0 0	800.00	mi-Monthly)
C.	Full Name (Last, First, Middle Initial) Mr. Donald G. Preston Jr.			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	e, NW		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR77138646173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			144.80
	Name of Employer American Council of Life Insurers		g Director, Reinsurance	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		579.19	P/R Deduction (\$72.40 Sem- i-Monthly)
s	UBTOTAL of Receipts This Page (optional)			404.80
	OTAL This Period (last page this line number of			
	()	,,		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 20
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a 11b 11c 12
۸۰	y information copied from such Reports and Stat	tomonto mov	r not be cold or used by any parce	13 14 15 16 17
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Council of Life Insurers Politic			
A.	Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR77139516173
	<u>Washington</u> DC		20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		313.54
	Name of Employer American Council of Life Insurers	Occupation Senior Vi	n ce President, Federal Relatio	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1254.16	P/R Deduction (\$156.77 Semi-Monthly)
В.	Full Name (Last, First, Middle Initial) Mr. Morris Goff			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR77141936173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.08
	Name of Employer American Council of Life Insurers	Occupation Vice Pres	n sident, Taxes	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		304.33	P/R Deduction (\$38.04 Sem- i-Monthly)
<u> </u>	Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77141976173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		416.66
	Name of Employer American Council of Life Insurers	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1666.64	P/R Deduction (\$208.33 Semi-Monthly)
s	UBTOTAL of Receipts This Page (optional)			806.28
   T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 / 20
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politic	al Action (	Committee	
۹.	Full Name (Last, First, Middle Initial) Mr. Michael J. Hunter			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77141986173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life	Occupation	n e Vice President & COO	
	Insurers Receipt For:		e Year-to-Date ▼	
	Primary General	33 -3		P/R Deduction (\$208.33 Se-
	Other (specify)	0 0	1666.64	mi-Monthly)
3.	Full Name (Last, First, Middle Initial) Brenda Nation			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR77141996173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Council of Life	Occupation Senior Co		
	Insurers Receipt For:		e Year-to-Date ▼	
	Primary General			P/R Deduction (\$50.00 Sem-
	Other (specify) ▼	0 0	400.00	i-Monthly)
Э.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Mahoney			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700 West	, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77142096173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.50
	Name of Employer American Council of Life	Occupation		7
	Insurers		sident, Communications	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	446.00	P/R Deduction (\$55.75 Sem- i-Monthly)
	Other (specify) ▼	0 0	0 0 0 0 0 0	i-wontiny)
SI	JBTOTAL of Receipts This Page (optional)		·····	628.16
т	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 20		
	EMIZED RECEIPTS		or each category of the	(check only one)		
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	American Council of Life Insurers Politic	cal Action (	Committee			
<u>/</u>	Full Name (Last, First, Middle Initial)					
A.	Ms. Debra K. West			Date of Receipt		
	Mailing Address 101 Constitution Avenue Suite 700 West	e, NW		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR77142106173		
	Washington	DC	20001-2133	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer	Occupation	n	7		
	American Council of Life Insurers		ounsel & Director, Southern I	Re		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$50.00 Sem- i-Monthly)		
		0 0		,		
В.	Full Name (Last, First, Middle Initial) Mr. John P. Gerni			Date of Receipt		
	Mailing Address 101 Constitution Ave, N	W		M M / D D / Y Y Y Y		
	Suite 700	State	Zip Code	Transaction ID: PR77142876173		
	Washington	DC	20001-2133	Amount of Each Receipt this Period		
	FEC ID number of contributing			100.00		
	federal political committee.	C		100.00		
	Name of Employer American Council of Life	Occupation	n	7		
	American Council of Life Insurers		egislative Director			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$50.00 Sem- i-Monthly)		
	outer (opeout)/ •			,,,		
_	Full Name (Last, First, Middle Initial)			B (B		
C.	Mr. Juan Carlos Scott  Mailing Address 101 Constitution Ave. N	١٨/		Date of Receipt		
	Mailing Address 101 Constitution Ave, N Suite 700 West	VV		Wishin / Bab / Tarana		
	City	State	Zip Code	Transaction ID: PR77142886173		
	Washington	DC	20001-2133	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		112.50		
	Name of Employer American Council of Life	Occupation				
	Insurers Receipt For:		sident, Federal Relations e Year-to-Date ▼	-		
	Primary General	7 .gg. 0ga.c		P/R Deduction (\$56.25 Sem-		
	Other (specify) ▼		450.00	i-Monthly)		
8	UBTOTAL of Receipts This Page (optional)			312.50		
$\vdash$	ago (optional)					
т	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 20
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politic	al Action (	Committee	
۹.	Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700	N		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77142896173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		151.66
	Name of Employer American Council of Life Insurers	Occupation Sr. Vice I	resident and Corp Sec.	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		606.65	P/R Deduction (\$81.25 Sem- i-Monthly)
3.	Full Name (Last, First, Middle Initial) Ms. Susan Harvey			Date of Receipt
	Mailing Address 101 Constitution Ave, NV Suite 700 West	N		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR77143526173
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer American Council of Life Insurers	Occupation Director,	n Outreach	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	P/R Deduction (\$20.00 Sem- i-Monthly)
 C.	Full Name (Last, First, Middle Initial) Mr. Gregory F. Jenner			Date of Receipt
	Mailing Address 101 Constitution Avenue Suite 700	Nw		M   M / D   D / Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: PR77525896173
	Washington	DC	20080-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		390.00
	Name of Employer American Council of Life Insurers	Occupation Executive	o Vice President, Taxes	
Receipt For: Aggrec			Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	1560.00	P/R Deduction (\$195.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)				641.66
_	OTAL Title Desired in the second in the seco	1.)		
$\mathbf{I}$	OTAL This Period (last page this line number or	liy)		

### **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 15/20 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Maurice Perkins Date of Receipt Mailing Address 101 Constitution Ave, NW M M / D D Suite 700 City State Zip Code Transaction ID: PR80514916173 Washington DC 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing C 131.34 federal political committee. Name of Employer American Council of Life Occupation Vice President, Financial Services Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$65.67 Semi-Monthly) 525.35 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	131.34
TOTAL This Period (last page this line number only)	<u> </u>	10786.94

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/20
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  11a 11b X 11c 12  13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  American Council of Life Insurers Politi	cal Action (	Committee	
Full Name (Last, First, Middle Initial) Security Benefit Group Federal PAC Mailing Address One Security Benefit Place			Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City	State	Zip Code	Transaction ID: 13846622
Topeka	KS	66636	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C0	0216358	5000.00
Name of Employer	Occupatio	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)  MetLife, INC. Employee's Participation Fund A  Mailing Address One MetLife Plaza			Date of Receipt
2701 Queens Plaza Nor	rth, Area 4[		04 05 2006
City State		Zip Code	Transaction ID: 13846625
Long Island City	NY	11101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0040923	5000.00
Name of Employer	Occupatio	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial)  American Fidelity Corporation PAC			Date of Receipt
Mailing Address P.O. Box 25523			M M / D D / Y Y Y Y
City	State	Zip Code	0 4 0 5 2 0 0 6  Transaction ID: 13846627
Oklahoma City	OK	73125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C0	0210526	5000.00
Name of Employer Occupation		n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional)			15000.00
TOTAL This Period (last nage this line number of	nnly)		

C/				FOR LINE NUMBER: PAGE 17 / 20
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	11a 11b X 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Stat	ements may	v not he sold or used by any nerso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Council of Life Insurers Politica	al Action (	Committee	
_	Full Names (Last First Middle Initial)			
۹.	Full Name (Last, First, Middle Initial) Hartford Advocates Fund			Date of Receipt
	Mailing Address Hartford Plaza			M M / D D / Y Y Y Y
		<b>.</b>		04 05 2006
	City	State	Zip Code	Transaction ID: 13846641
	Hartford	СТ	06115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0168864	5000.00
	Name of Employer	Occupation	n	
	Receipt For:	Angregato	e Year-to-Date ▼	-
	Primary General	Aggregate	F Teal-10-Date V	1
	Other (specify) ▼		5000.00	
			1 1 1 1 1 1 1	
3.	Full Name (Last, First, Middle Initial) Phoenix Companies PAC			Date of Receipt
	Mailing Address One American Row			M M / D D / Y Y Y Y
				04 18 2006
	City	State	Zip Code	Transaction ID: 13958233
	<u>Hartford</u>	CT	06115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0168203	2500.00
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	-
	Primary General	33 -3		1
	Other (specify) ▼	1	2500.00	
Э.	Full Name (Last, First, Middle Initial) Allstate Insurance PAC			Date of Receipt
	Mailing Address 2775 Sanders Road			M M / D D / Y Y Y Y
	Suite A4			04 14 2006
	City	State	Zip Code	Transaction ID: 13958239
	Northbrook	IL	60062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C00	0040253	5000.00
Name of Employer  Occupation  Receipt For:  Aggregate		n		
		Aggregate	e Year-to-Date ▼	-
	Primary General	33 -3		1
	Other (specify) ▼	0 0	5000.00	
SUBTOTAL of Receipts This Page (optional)				12500.00
_	ODI OTAL OF HOSOIPES THIS Fago (optional)		······································	
T	OTAL This Period (last page this line number on	ly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 20
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Politic	cal Action (	Committee	
Full Name (Last, First, Middle Initial)  A. Nationwide PAC			Date of Receipt
Mailing Address One Nationwide Plaza	01-1-	7's Oads	04 25 2006
City Columbus	State OH	Zip Code 43215	Transaction ID: 14045559  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0076174	5000.00
Name of Employer	Occupation	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)  3. Pacific Life PAC			Date of Receipt
Mailing Address 700 Newport Center Dri	ve		04 / 26 / Y Y Y Y Y
City State Newport Beach CA		Zip Code	Transaction ID: 14045560
	CA	92660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00	0068528	5000.00
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial) Lincoln Insurance Group PAC			Date of Receipt
Mailing Address P.O. Box 82625			04 14 2006
City	State	Zip Code	Transaction ID: 14344239
Lincoln	NE	68501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00	0390534	5000.00
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
SUBTOTAL of Receipts This Page (optional)			15000.00
			42500.00
TOTAL This Period (last page this line number o	піу)		

# SCHEDULE B (FEC Form 3X)

	Use seperate schedule(s)	(check on		ily one)	DEM.		L P A	4GE	19/2	:0	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 288		23 28b	24 28c	H	25 29	П	26 30b
Any Information copied from such Reports and Sta										<u>ш</u> 3	
or for commercial purposes, other than using the n	ame and address of any political co	ommi	ttee to s	olicit co	ntribu	itions fro	m such	comn	nittee		
NAME OF COMMITTEE (In Full)											
/ American Council of Life Insurers Politic	cal Action Committee										
Full Name (Last, First, Middle Initial)				Tra	nsac	tion ID:	139666	97			
Friends of John Boehner				Dat M	e of D	Disburse / D		v · v	· · ·	V	
Mailing Address 7908-I Cincinnati Day	on Road			O"	4 "	2	1 /	2	0 Ď 6		
City West Chester	State Zip Code OH 45069			Am	ount	of Each	Disburse	emen	t this P	erio	b
Purpose of Disbursement				-				1	000.0	00	
Tarpose of Biobardoment		01	1					-	-		
Candidate Name John Boehner		Cate Ty	gory/ pe								
Office Sought: X House Disbu	irsement For: 2006		<u>'</u>								
Senate	X Primary General										
President	Other (specify)										
State: OH District: 8											
Full Name (Last, First, Middle Initial)							139667	'06			
Mike Dewine For US Senate					Date of Disbursement						
Mailing Address PO Box 340188				O O		້ _ ້2	1 /	2	0 Ď 6		
City Columbus	State Zip Code OH 43234			Am	ount	of Each	Disburse	emen	t this P	erio	b
Purpose of Disbursement	U			1				1	000.0	00	
		01	1.								
Candidate Name Sen. Mike DeWine		Cate Ty	gory/ pe								
Office Sought: House Disbu	irsement For: 2006		<u> </u>								
x Senate	X Primary General										
President	Other (specify)										
State: OH District: 1											
Full Name (Last, First, Middle Initial) Fitzpatrick For Congress						<b>tion ID:</b> Disburse	139667 ement	'07			
Mailing Address 115 N Broad Street						<sup>/</sup> 2	1 /	ž	0 ŏ 6	Υ	
City	State Zip Code			Am	ount (	of Each	Disburse	emen	t this P	erio	
Doylestown	PA 18901						- 330	-			$\neg$
Purpose of Disbursement 011								. 1	0.000	00	_
Candidate Name Cated											
Rep. Michael Fitzpatrick		Ту	,								
Office Sought: X House Disbu	irsement For: 2006		<u>'</u>								
Senate	X Primary General										
President PA	Other (specify)										
State: PA District: 8											_
SUBTOTAL of Disbursements This Page (option	al)		•					3	0.000	0	
	,						-	-	-		三
<b>TOTAL</b> This Period (last page this line number of	nlv)		•								

# SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LCI OIII 3A)	Use seperate schedule(s)		OR LIN check or	E NUMBE nlv one)	:K:	[ P.	PAGE 20 / 20		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)	and address of any political c	COMMI	illee lo s	SOIICIL COITLI	ibulions i	TOTTI SUCTI	COMMITTEE	<del>J</del>	
American Council of Life Insurers Political	Action Committee								
Full Name (Last, First, Middle Initial)						): 139667	708		
• Friends of Jeb Hensarling					of Disburs		Y Y Y	Y	
Mailing Address PO Box 820504				0 4		21 /	žoŏ	6	
	State Zip Code TX 75382			Amou	ınt of Eac	h Disburs	ement this	Period	
Purpose of Disbursement	75502	_	-	- [			1000	0.00	
		Ů.							
Candidate Name Jeb Hensarling		Cate Ty	gory/ pe						
Office Sought: X House Disburse	ment For: 2006 Primary X General								
President	Other (specify)								
State: TX District: 5	·								
Full Name (Last, First, Middle Initial)						: 139667	705		
3. Latourette For Congress Committee		Date of Disbursement							
Mailing Address 1200 Trinity Drive	0 4	, ,	21	žoŏ	6				
,	State Zip Code VA 22314			Amou	int of Eac	h Disburs	ement this	Period	
Purpose of Disbursement			-				1000	0.00	
-		Ó.							
Candidate Name Rep. Steven LaTourette		Cate Ty	gory/ ne						
<del></del>	ment For: 2006	- ,							
Senate X President	Primary General Other (specify) ▼								
State: OH District: 14	Other (specify)								
Full Name (Last, First, Middle Initial)				Trans	action IE	): 139667	709		
Santorum 2006					of Disburs		., ., ., .,	* 14	
Mailing Address PO Box 10495				0 <sup>M</sup> 4	M / D	21 /	žoŏ	6 <sup>*</sup>	
	State Zip Code PA 15234			Amou	ınt of Eac	h Disburs	ement this	Period	
Purpose of Disbursement							5000	0.00	
Candidata Nama	0.	11 gory/							
Candidate Name Rick Santorum									
	ment For: 2006	Ту							
X Senate President	Primary X General Other (specify) ▼								
State: PA District: 2	onici (specify) ▼								
SUBTOTAL of Disbursements This Page (optional) .			<b>•</b>				7000	.00	
							10000	00	
<b>TOTAL</b> This Period (last page this line number only)			•				10000	.00	